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JUL 21 2005

Attorney Docket No. RP-001-US

## CERTIFICATE OF MAILING:

I hereby certify that this document addressed to the Commissioner for Patents and Trademarks, BOX AMENDMENT, Alexandria, VA 22313-1450 will be sent via facsimile to the USPTO centralized facsimile number, (571) 273-8300, from San Francisco, CA on July 21, 2005.

Signature: /Mitchell S. Rosenfeld/  
Mitchell S. Rosenfeld, Reg. No. 36,258

## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: RYAN PRICE

EXAMINER: HAYES, BRET C.

APPLICATION NO.: 10/810,465

ART UNIT: 3644

FILED: MARCH 25, 2004

FOR: PET COLLAR WITH RETRACTABLE LEASH

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. No extension of time is required for this response.

Application No. 10/810,465  
 Attorney Docket No. RP-001-US  
 Transmittal in Response to Office Action dated June 2, 2005  
 Page 2 of 2

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  | (Col. 2)                              | (Col. 3)         | SMALL ENTITY        |               |      |
|---|---|---------------------------------------|------------------|---------------------|---------------|------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDIT.<br>FEE |      |
| TOTAL                                     | 18  | - 20                                  | = 0              | x \$ 50.00          | = \$          | 0.00 |
| INDEP.                                    | 3   | - 3                                   | = 0              | x \$ 200.00         | = \$          | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       | +                | \$ 0.00             | = \$          | 0.00 |
|   |   |                                       |                  | TOTAL<br>ADDIT. FEE | \$            | 0.00 |

No additional fee for claims is required.

### FEE PAYMENT

5. No fee is due.

Respectfully submitted,

DATE: July 21, 2005

/Mitchell S. Rosenfeld/  
 Mitchell Rosenfeld  
 Reg. No: 36,258

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AMENDMENT

Dear Sir:

In response to the office action dated June 2, 2005, please kindly amend the above referenced application as follows:

**Listing of the Claims** begins on page 2 of this paper. Claims 1 and 9 are amended.

**Remarks** begin on page 5 of this paper.